

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/518223</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		6 AMOUNT \$ <u>100</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Discontinuation		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND \$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 9 11--1910 </div>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		X209	
<div style="text-align: center;"> REFUND COMPLETED PCT NATIONAL DIVISION </div>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: